

PTO/88/22 (10)  
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> (fees effective on or after October 1, 2004)		Docket Number (Optional) <b>283418202NCP</b>	
Application Number <b>09/634,109-Cont. #4485</b>		Filed <b>August 8, 2000</b>	
For <b>G PROTEIN-COUPLED RECEPTOR EXPRESSED IN BRAIN</b>			
Art Unit <b>1846</b>		Examiner <b>Michael D. Pak</b>	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	\$ <b>980.00</b>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

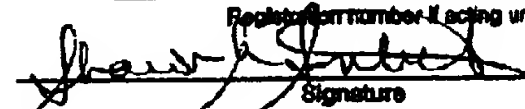
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **13-2855**. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number \_\_\_\_\_

☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) **48,484**

  
Signature \_\_\_\_\_ Date **October 7, 2004**

**Sharon M. Sintich**  
Typed or printed name \_\_\_\_\_ Telephone Number **(312) 474-8300**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of **1** forms are submitted.

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 672-9309, on the date shown below.

Dated: October 7, 2004

Signature: 

(Sharon M. Sintich)